

NATIONAL SCIENCE FOUNDATION
 4201 WILSON BOULEVARD
 ARLINGTON, VA 22230

FELLOWSHIP TERMINATION CERTIFICATE AND GRANT FISCAL REPORT

All Fellows/Grantees should complete and return this Certificate immediately upon completion of each tenure period.
 Submission of this certificate is necessary to comply with governmental accounting procedures.

NAME OF FELLOW/GRANTEE (please type or print name)

TYPE OF SUPPORT (give name of NSF program)

HOST INSTITUTION (name)

ADDRESS OF HOST INSTITUTION (city, state, country – if foreign)

NEW MAILING ADDRESS OF FELLOW/GRANTEE (no. & street, city, state, zip code)

PHONE NUMBER AT NEW ADDRESS ()

I completed my tenure activities at this institution on _____

 SIGNATURE OF FELLOW/GRANTEE

TO BE COMPLETED BY HOST INSTITUTION

I certify that the above named Fellow/Grantee completed his/her award tenure at this institution on the date indicated above.

 TYPE OR PRINT NAME OF HEAD OF
 DEPARTMENT OR OTHER OFFICIAL

 SIGNATURE OF HEAD OF DEPARTMENT OR OTHER OFFICIAL

 DATE

FOR NSF USE ONLY

Starting Date	Grant Number
Termination Date	Funds Available
Tenure Months	Funds Expended
Stipend	New Balance
Institutional Allowance	FOR DFM USE ONLY
Special Allowance	Grant Number
Travel Allowance	Balance
Total	Total